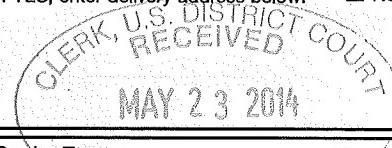


|  |  |   |  |
|--|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text" value="Natah Kieck"/> C. Date of Delivery <input type="text" value="5/20/14"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No<br/> </p> |  |
| <p>1. Article Addressed to:</p> <p><i>My Port IP Inc. Corporate<br/>William H. Shaw Counsel<br/>Shaw Coulson LLP<br/>1850 M St. N.W., Ste. 280<br/>Washington, DC 20036<br/>6/11cv246 Order 161</i></p>  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |
| <p>2. Article Number<br/> <i>(Transfer from service label)</i></p>   |  | <p>7011 1570 0003 0293 7284</p>   |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540